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DENALI COMMISSION

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Orgnaizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page	of
Federal Co-Chair of Denali Commission	A-2004-10 Health Facilities Technical Assistance	0348-0039	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

STATE OF ALASKA, DEPARTMENT OF HEALTH & SOCIAL SERVICES
P.O. BOX 110650
JUNEAU, AK 99811

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
1926001185A7	24319	[ ] Yes [X] No	[X] Cash [ ] Accrual

8. Funding/Grant Period (See Instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
08/01/04	03/31/07	10/01/06	12/31/06

10. Transactions	I Previously Reported	II This Period	III Cumulative
a. Total outlays	2,623.63	3,434.68	6,058.31
b. Recipient share of outlays	0	0	0
c. Federal share of outlays	2,623.63	3,434.68	6,058.31
d. Total unliquidated obligations			0
e. Recipient share of unliquidated obligations			0
f. Federal share of unliquidated obligations			0
g. Total Federal share (Sum of lines c and f)			6,058.31
h. Total Federal funds authorized for this funding period			125,000
i. Unobligated balance of Federal funds (Line h minus line g)			118,941.69

11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box)			
	[X] Provisional	[ ] Predetermined	[ ] Final	[ ] Fixed
	b. Rate	c. Base	d. Total Amount	e. Federal Share
	N/A			

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.

13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.

Typed or Printed Name and Title	Telephone (Area code, number and extension)
Patricia A. Carr, Health Program Manager, Division of Public Health	(907) 465-8618
Signature of Authorized Certifying Official: Patricia A Carr	Date Report Submitted: 2/5/07

ACCEPTED

Previous Editions not Usable

Standard Form 269A (REV 4-88)
Prescribed by OMB Circulars A-102 and A-110

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